

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101595,882

FILING DATE

5-17-06

APPLICANT(S)

10-30-01 CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | 1 | | 1 | |
| 2 | | | | 1 | | 1 |
| 3 | | | 1 | | 1 | |
| 4 | | | 1 | | 1 | |
| 5 | | | 1 | | 1 | |
| 6 | | | 1 | | 1 | |
| 7 | | | 1 | | 1 | |
| 8 | | | 1 | | 1 | |
| 9 | | | 1 | | 1 | |
| 10 | | | 1 | | 1 | |
| 11 | | | 1 | | 1 | |
| 12 | | | 1 | | 1 | |
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| 14 | | | | | 1 | |
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| 50 | | | | | | |
| TOTAL IND. | | | 4 | | 4 | |
| TOTAL DEP. | | | 6 | | 23 | |
| TOTAL CLAIMS | | | 10 | | 27 | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |